

## City of Kingman 324 North Main P.O. Box 168 Kingman, Kansas 67068 (620) 532-3111

## **Employment Application – PLEASE PRINT CLEARLY**

		Applicant lı	nform	ation			
Full Name:						Date:	
	Last	First			M.I.		
Address:							
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:		E	Email				
Date Available:		Social Security No.:		Desired Salary:\$			
Position App	olied for:						
Are you a ci	tizen of the United Sta	YES NO ates?	If no, a	are you	authorized to	Yes NC work in the U.S.?	)
Have you e	er worked for this co	YES NO mpany?	If yes,	when?_			
-		Educ	ation				
High School	:	Address:					
From:	To:	Did you graduate?	YES	NO	GED or Diploma:		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		

References									
Please list three professional references.									
Full Name:	Relationship:								
Company:	Phone:								
Address:									
Full Name:	Relationship:								
Company:	Phone:								
Address:									
Full Name:	Relationship:								
Company:	Dhana								
Address:									
Previous Employment -	- List your MOST RECENT first								
Company:	Phone:								
Address:									
Job Title: Starti	ng Salary:\$ Ending Salary:\$								
Responsibilities:									
From: To:									
May we contact your previous supervisor for a reference	YES NO e?								
Company:	Phone:								
Address:	Supervisor:								
Job Title: Starti	ng Salary: <u>\$</u> Ending Salary: <u>\$</u>								
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for a reference	YES NO e?								

Company:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary:\$	Ending Salary: <b>\$</b>
Responsibilities: _			
From:	To:	Reason for Leaving	
May we contact you	ur previous supervisor for a r	YES NO reference?	
		Military Service	
Branch:		From	: To:
Rank at Discharge:	·	Type of Discharge	:
If other than honora	able, explain:		
	Skills, Ce	rtifications, and Qualificatio	ons
What machinery or	equipment can you operate	that may be applicable to this pos	ition:
Do you possess a	valid CDL driver's license:	No Yes	8
List any certification	ns you have that may be app	olicable to this position:	
Summarize any qua	alifications or skills you have	that may be applicable to this pos	sition?
	<u> </u>	Additional Information	
State any additiona		e helpful to us in considering your	application:
	Di	sclaimer and Signature	
I certify that my an		ete to the best of my knowledge.	
	eads to employment, I und	erstand that false or misleading i	information in my application or
Signature:			Date: